

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011368

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1340

FILED MAR 26 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

|  |   |   |                                      |
|--|---|---|--------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>                  |                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Kansas City</u>  |   | c. CITY OR TOWN <u>Kansas City</u>  |                                      |
| c. FULL NAME OF DECEASED (If not in hospital, give location)<br><u>General Hospital</u>  |   | d. STREET ADDRESS (If outside give location)<br><u>1522 Lydia</u>   |                                      |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Fabian</u> Middle <u>Smith</u> Last <u>Smith</u>   |   | 4. DATE OF DEATH<br>Month <u>3</u> Day <u>2</u> Year <u>62</u>  |                                      |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>Negro</u>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>2/21/1898</u> |
| 9. AGE (last birthday)<br><u>64</u>  |   | 10. IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>   |                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Laborer</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>City Street</u>   |                                      |
| 11. BIRTHPLACE (City and state or country)<br><u>Texarkana, Ark</u>  |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.</u>  |                                      |
| 13a. FATHER'S NAME<br><u>Henry Smith</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Daisy Henderson</u>   |                                      |
| 14. NAME OF HUSBAND OR WIFE<br><u>none</u>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>                                    |                                      |
| 16. SOCIAL SECURITY NO.<br><u>36 Willie M. Smith</u>   |   | 17. INFORMANT<br><u>3406 College</u>  |                                      |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br><u>acute myocardial infarction</u><br>IMMEDIATE CAUSE (a)<br>DUE TO (b)<br>DUE TO (c)  |   |   |                                      |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   |   |                                      |
| PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   |   |   |                                      |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |                                      |
| 20c. TIME OF INJURY<br>Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u>  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |                                      |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   | 20f. CITY, TOWN, OR LOCATION<br>COUNTY <u>  </u> STATE <u>  </u>  |   |                                      |
| 21. I attended the deceased from <u>3-2-62</u> to <u>3-2-62</u> and last saw him alive on <u>3-2-62</u><br>Death occurred at <u>7:10</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |                                      |
| 22a. SIGNATURE<br><u>Frank Ellis</u>   | 22b. ADDRESS<br><u>3400 Cherry</u>  | 22c. DATE SIGNED<br><u>3-5-62</u>   |                                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>3/8/62</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Blue Ridge Lawn</u>  |                                      |
| 23d. LOCATION (City, town, or county)<br><u>Kansas City, Mo.</u>   |   | 23e. DATE RECD. BY LOCAL REG.<br><u>3.6.62</u>  |                                      |
| 24. FUNERAL DIRECTOR<br><u>E. Sterling Bills</u>   |   | 25. REGISTRAR'S SIGNATURE<br><u>Ruth Long</u>   |                                      |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*E. Sterling Bills*

Licensed Embalmer No. 3178

P. O. Address 1212 Vine, K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.